

109TH CONGRESS
2D SESSION

S. 843

AN ACT

To amend the Public Health Service Act to combat autism through research, screening, intervention and education.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Combating Autism Act
5 of 2006”.

1 **SEC. 2. ACTIVITIES TO IMPROVE AUTISM-RELATED RE-**
 2 **SEARCH.**

3 Section 409C of the Public Health Service Act (42
 4 U.S.C. 284g) is amended to read as follows:

5 **“SEC. 409C. AUTHORITY OF THE DIRECTOR OF THE NA-**
 6 **TIONAL INSTITUTES OF HEALTH RELATING**
 7 **TO AUTISM.**

8 “(a) STRATEGIC PLAN FOR AUTISM RESEARCH.—

9 “(1) IN GENERAL.—The Secretary, acting
 10 through the Director, shall develop and implement a
 11 strategic plan for the conduct and support of re-
 12 search related to autism spectrum disorder.

13 “(2) REQUIREMENTS.—The strategic plan de-
 14 veloped under paragraph (1)—

15 “(A) shall—

16 “(i) be updated annually;

17 “(ii) take into account the research
 18 recommendations of the Interagency Au-
 19 tism Coordinating Committee under sec-
 20 tion 399CC; and

21 “(iii) using professional judgment,
 22 outline the proposed budgetary require-
 23 ments of the strategic plan, including spe-
 24 cific funding expectations for continued
 25 multi-year program activities, as well as
 26 new and complementary program activities,

1 subject to the availability of appropria-
2 tions; and

3 “(B) may include investigator-initiated re-
4 search.

5 “(3) REPORT.—Not later than April 1, 2008,
6 and annually thereafter, the Secretary, acting
7 through the Director, shall prepare and submit to
8 the appropriate committees of Congress a report
9 that contains—

10 “(A) the strategic plan under paragraph
11 (1) that will be applicable to the upcoming fis-
12 cal year; and

13 “(B) a description of the actual dollar ex-
14 penditures for autism spectrum disorder during
15 the previous fiscal year.

16 “(b) EXPANSION, INTENSIFICATION, AND COORDINA-
17 TION OF ACTIVITIES.—The Secretary, acting through the
18 Director, shall, subject to the availability of appropria-
19 tions, expand, intensify, and coordinate the activities of
20 the National Institutes of Health with respect to autism
21 spectrum disorder.

22 “(c) CENTERS OF EXCELLENCE.—

23 “(1) AUTISM CENTERS OF EXCELLENCE.—

24 “(A) IN GENERAL.—The Secretary, acting
25 through the Director, shall, subject to the avail-

ability of appropriations, award grants or contracts to public or nonprofit private entities to assist such entities in paying all or part of the costs of planning, establishing, improving, and providing basic operating support for centers of excellence concerning research on autism spectrum disorder.

“(B) RESEARCH ACTIVITIES.—A center of excellence that receives funding under this paragraph shall conduct basic and clinical research into autism spectrum disorder. Such research shall—

“(i) be conducted in the fields of developmental neurobiology, genetics, epigenetics, pharmacology, nutrition, immunology, neuroimmunology, neurobehavioral development, endocrinology, gastroenterology, psychopharmacology, or toxicology; and

“(ii) include investigations into the causation, diagnosis or rule out, early detection, prevention, services, supports, or intervention of autism spectrum disorder.

“(C) SERVICES.—

1 “(i) IN GENERAL.—A center of excel-
 2 lence that receives funding under this
 3 paragraph may expend amounts provided
 4 under a grant or contract under such para-
 5 graph to carry out a program to make in-
 6 dividuals aware of opportunities to partici-
 7 pate as subjects in research conducted by
 8 the center.

9 “(ii) REFERRALS AND COSTS.—A pro-
 10 gram carried out under clause (i) may, in
 11 accordance with such criteria as the Direc-
 12 tor may establish, provide to the subjects
 13 described in such clause, referrals for
 14 health and other services and reimburse-
 15 ment of care for individuals as are re-
 16 quired for such research.

17 “(iii) AVAILABILITY AND ACCESS.—
 18 The extent to which a center of excellence
 19 that receives funding under this paragraph
 20 can demonstrate the availability of and ac-
 21 cess to clinical services shall be considered
 22 by the Director in making decisions con-
 23 cerning the awarding of grants or con-
 24 tracts to applicants that meet the scientific
 25 criteria for funding under this section.

1 “(D) COORDINATION OF CENTERS OF EX-
2 CELLENCE.—The Director shall provide for the
3 appropriate coordination of information among
4 centers of excellence that receive funding under
5 this paragraph and ensure regular communica-
6 tion between such centers.

7 “(E) ORGANIZATION.—A center of excel-
8 lence that receives funding under this para-
9 graph shall use the facilities of a single institu-
10 tion, or be formed through a consortium of co-
11 operating institutions, that meets such require-
12 ments as may be required by the Director.

13 “(F) DURATION.—The term of a grant or
14 contract awarded under this paragraph shall
15 not exceed a period of 5 years. Such period may
16 be extended for 1 or more additional periods
17 not exceeding 5 years if the operations of the
18 center of excellence involved have been reviewed
19 by an appropriate technical and scientific peer
20 review group established by the Director and
21 the group has recommended to the Director the
22 extension of such period.

23 “(G) GEOGRAPHIC DIVERSITY.—The Di-
24 rector shall consider geographic diversity in
25 awarding centers of excellence.

1 “(2) CENTERS OF EXCELLENCE IN ENVIRON-
2 MENTAL HEALTH AND AUTISM.—

3 “(A) IN GENERAL.—The Director shall,
4 subject to the availability of appropriations,
5 award grants or contracts to public or nonprofit
6 private entities to pay all or part of the cost of
7 planning, establishing, improving, and providing
8 basic operating support for centers of excellence
9 regarding environmental health and autism
10 spectrum disorder.

11 “(B) RESEARCH.—A center of excellence
12 established under this paragraph shall conduct
13 basic and clinical research of a broad array of
14 environmental factors that may have a possible
15 role in autism spectrum disorder.

16 “(C) COORDINATION AND ORGANIZA-
17 TION.—The Secretary, acting through the Di-
18 rector of NIH, shall apply to the centers under
19 this paragraph the same requirements con-
20 cerning coordination, reporting, and organiza-
21 tion as the requirements applied to the centers
22 of excellence under subparagraphs (D), (E),
23 (F), and (G) of paragraph (1).

24 “(d) COLLECTION AND STORAGE OF DATA.—

“(1) IN GENERAL.—The Secretary, acting through the Director and in coordination with the Director of the Centers for Disease Control and Prevention, shall, subject to the availability of appropriations, establish and provide funding for mechanisms and entities that provide for the collection, storage, coordination, and public availability of data that is collected by the centers of excellence under this section, under section 399AA(b), and under section 409C(c) and, to the extent possible, data generated from public and private research partnerships. In establishing such mechanisms and entities, the Secretary—

“(A) shall ensure that there is data sharing among autism spectrum disorder researchers; and

“(B) may utilize existing facilities.

“(2) FACILITATION OF RESEARCH.—

“(A) ESTABLISHMENT OF PROGRAM.—The Secretary shall establish a program under which samples of tissues and genetic and other biological materials that are of use in research on autism spectrum disorder are donated, collected, preserved, and made available for such research.

1 “(B) ACCEPTED SCIENTIFIC STAND-
 2 ARDS.—The program established under para-
 3 graph (1) shall be—

4 “(i) carried out in accordance with ac-
 5 cepted scientific and medical standards for
 6 the donation, collection, and preservation
 7 of such samples; and

8 “(ii) conducted so that the tissues and
 9 other materials saved, as well as any data-
 10 base compiled from such tissues and mate-
 11 rials, are available to researchers at a rea-
 12 sonable cost and on an expedited basis.

13 “(e) CONSOLIDATION.—The Secretary, acting
 14 through the Director, may consolidate program activities
 15 under this section if such consolidation would improve pro-
 16 gram efficiencies and outcomes.

17 “(f) AUTHORIZATION OF APPROPRIATIONS.—

18 “(1) IN GENERAL.—There is authorized to be
 19 appropriated—

20 “(A) \$68,000,000 for fiscal year 2007,
 21 \$74,500,000 for fiscal year 2008, \$81,000,000
 22 for fiscal year 2009, \$87,500,000, for fiscal
 23 year 2010, and \$94,000,000 for fiscal year
 24 2011, to carry out subsections (a), (b), and (d);

1 “(B) \$24,000,000 for fiscal year 2007,
 2 \$30,500,000 for fiscal year 2008, \$37,000,000
 3 for fiscal year 2009, \$43,500,000 for fiscal year
 4 2010, and \$50,000,000 for fiscal year 2011, to
 5 carry out subsection (c)(1); and

6 “(C) \$6,000,000 for fiscal year 2007,
 7 \$7,500,000 for fiscal year 2008, \$9,000,000 for
 8 fiscal year 2009, \$10,500,000 for fiscal year
 9 2010, and \$12,000,000 for fiscal year 2011, to
 10 carry out subsection (c)(2).

11 “(2) GENERAL USAGE.—Of the amounts appro-
 12 priated under subparagraphs (B) and (C) of para-
 13 graph (1), not to exceed 5 percent of such amounts
 14 may be utilized by the National Institutes of Health
 15 for administrative and other expenses.

16 “(g) SUNSET.—This section shall not apply after
 17 September 30, 2011.”.

18 **SEC. 3. DEVELOPMENTAL DISABILITIES SURVEILLANCE**
 19 **AND RESEARCH PROGRAM.**

20 (a) IN GENERAL.—Title III of the Public Health
 21 Service Act (42 U.S.C. 241 et seq.) is amended by adding
 22 at the end the following:

1 **“PART R—PROGRAMS RELATING TO AUTISM**

2 **“SEC. 399AA. DEVELOPMENTAL DISABILITIES SURVEIL-**
3 **LANCE AND RESEARCH PROGRAM.**

4 “(a) AUTISM SPECTRUM DISORDER AND OTHER DE-
5 VELOPMENTAL DISABILITIES.—

6 “(1) IN GENERAL.—The Secretary, acting
7 through the Director of the Centers for Disease
8 Control and Prevention, may award grants or coop-
9 erative agreements to eligible entities for the collec-
10 tion, analysis, and reporting of State epidemiological
11 data on autism spectrum disorder and other develop-
12 mental disabilities. An eligible entity shall assist
13 with the development and coordination of State au-
14 tism spectrum disorder and other developmental dis-
15 ability surveillance efforts within a region. In mak-
16 ing such awards, the Secretary may provide direct
17 technical assistance in lieu of cash.

18 “(2) DATA STANDARDS.—In submitting epide-
19 miological data to the Secretary pursuant to sub-
20 section (a), an eligible entity shall report data ac-
21 cording to guidelines prescribed by the Director of
22 the Centers for Disease Control and Prevention,
23 after consultation with relevant State and local pub-
24 lic health officials, private sector developmental dis-
25 ability researchers, and advocates for individuals

1 with autism spectrum disorder or other develop-
2 mental disabilities.

3 “(3) ELIGIBILITY.—To be eligible to receive an
4 award under paragraph (1), an entity shall be a
5 public or nonprofit private entity (including a health
6 department of a State or a political subdivision of a
7 State, a university, or any other educational institu-
8 tion), and submit to the Secretary an application at
9 such time, in such manner, and containing such in-
10 formation as the Secretary may require.

11 “(b) CENTERS OF EXCELLENCE IN AUTISM SPEC-
12 TRUM DISORDER EPIDEMIOLOGY.—

13 “(1) IN GENERAL.—The Secretary, acting
14 through the Director of the Centers for Disease
15 Control and Prevention, shall, subject to the avail-
16 ability of appropriations, award grants or coopera-
17 tive agreements for the establishment of regional
18 centers of excellence in autism spectrum disorder
19 and other developmental disabilities epidemiology for
20 the purpose of collecting and analyzing information
21 on the number, incidence, correlates and causes of
22 autism spectrum disorder and other developmental
23 disabilities.

24 “(2) REQUIREMENTS.—To be eligible to receive
25 a grant or cooperative agreement under paragraph

1 (1), an entity shall submit to the Secretary an appli-
2 cation containing such agreements and information
3 as the Secretary may require, including an agree-
4 ment that the center to be established under the
5 grant or cooperative agreement shall operate in ac-
6 cordance with the following:

7 “(A) The center will collect, analyze, and
8 report autism spectrum disorder and other de-
9 velopmental disability data according to guide-
10 lines prescribed by the Director of the Centers
11 for Disease Control and Prevention, after con-
12 sultation with relevant State and local public
13 health officials, private sector developmental
14 disability researchers, and advocates for individ-
15 uals with developmental disabilities.

16 “(B) The center will develop or extend an
17 area of special research expertise (including ge-
18 netics, epigenetics, epidemiological research re-
19 lated to environmental exposures), immunology,
20 and other relevant research specialty areas.

21 “(C) The center will identify eligible cases
22 and controls through its surveillance system
23 and conduct research into factors which may
24 cause or increase the risk of autism spectrum
25 disorder and other developmental disabilities.

1 “(c) FEDERAL RESPONSE.—The Secretary shall co-
 2 ordinate the Federal response to requests for assistance
 3 from State health, mental health, and education depart-
 4 ment officials regarding potential or alleged autism spec-
 5 trum disorder or developmental disability clusters.

6 “(d) DEFINITIONS.—In this part:

7 “(1) OTHER DEVELOPMENTAL DISABILITIES.—
 8 The term ‘other developmental disabilities’ has the
 9 meaning given the term ‘developmental disability’ in
 10 section 102(8) of the Developmental Disabilities As-
 11 sistance and Bill of Rights Act of 2000 (42 U.S.C.
 12 15002(8)).

13 “(2) STATE.—The term ‘State’ means each of
 14 the several States, the District of Columbia, the
 15 Commonwealth of Puerto Rico, American Samoa,
 16 Guam, the Commonwealth of the Northern Mariana
 17 Islands, the Virgin Islands, and the Trust Territory
 18 of the Pacific Islands.

19 “(e) AUTHORIZATION OF APPROPRIATIONS.—To
 20 carry out this section, there is authorized to be appro-
 21 priated, \$15,000,000 for fiscal year 2007, and such sums
 22 as may be necessary for each of fiscal years 2008 through
 23 2011.

24 “(f) SUNSET.—This section shall not apply after Sep-
 25 tember 30, 2011.

1 **“SEC. 399BB. AUTISM EDUCATION, EARLY DETECTION, AND**
 2 **INTERVENTION .**

3 “(a) PURPOSE.—It is the purpose of this section—

4 “(1) to increase awareness, reduce barriers to
 5 screening and diagnosis, promote evidence-based
 6 interventions for individuals with autism spectrum
 7 disorder or other developmental disabilities, and
 8 train professionals to utilize valid and reliable
 9 screening tools to diagnose or rule out and provide
 10 evidence-based interventions for children with autism
 11 spectrum disorder and other developmental disabil-
 12 ities; and

13 “(2) to conduct activities under this section
 14 with a focus on an interdisciplinary approach (as de-
 15 fined in programs developed under section 501(a)(2)
 16 of the Social Security Act) that will also focus on
 17 specific issues for children who are not receiving an
 18 early diagnosis and subsequent interventions.

19 “(b) IN GENERAL.—The Secretary shall, subject to
 20 the availability of appropriations, establish and evaluate
 21 activities to—

22 “(1) provide information and education on au-
 23 tism spectrum disorder and other developmental dis-
 24 abilities to increase public awareness of develop-
 25 mental milestones;

1 “(2) promote research into the development and
 2 validation of reliable screening tools for autism spec-
 3 trum disorder and other developmental disabilities
 4 and disseminate information regarding those screen-
 5 ing tools;

6 “(3) promote early screening of individuals at
 7 higher risk for autism spectrum disorder and other
 8 developmental disabilities as early as practicable,
 9 given evidence-based screening techniques and inter-
 10 ventions;

11 “(4) increase the number of individuals who are
 12 able to confirm or rule out a diagnosis of autism
 13 spectrum disorder and other developmental disabil-
 14 ities;

15 “(5) increase the number of individuals able to
 16 provide evidence-based interventions for individuals
 17 diagnosed with autism spectrum disorder or other
 18 developmental disabilities; and

19 “(6) promote the use of evidence-based inter-
 20 ventions for individuals at higher risk for autism
 21 spectrum disorder and other developmental disabil-
 22 ities as early as practicable.

23 “(c) INFORMATION AND EDUCATION.—

24 “(1) IN GENERAL.—In carrying out subsection
 25 (b)(1), the Secretary, in collaboration with the Sec-

retary of Education and the Secretary of Agriculture, shall, subject to the availability of appropriations, provide culturally competent information regarding autism spectrum disorder and other developmental disabilities, risk factors, characteristics, identification, diagnosis or rule out, and evidence-based interventions to meet the needs of individuals with autism spectrum disorder or other developmental disabilities and their families through—

“(A) Federal programs, including—

“(i) the Head Start program;

“(ii) the Early Start program;

“(iii) the Healthy Start program;

“(iv) programs under the Child Care and Development Block Grant Act of 1990;

“(v) programs under title XIX of the Social Security Act (particularly the Medicaid Early and Periodic Screening, Diagnosis and Treatment Program);

“(vi) the program under title XXI of the Social Security Act (the State Children’s Health Insurance Program);

1 “(vii) the program under title V of the
 2 Social Security Act (Maternal and Child
 3 Health Block Grant Program);

4 “(viii) the program under parts B and
 5 C of the Individuals with Disabilities Edu-
 6 cation Act;

7 “(ix) the special supplemental nutri-
 8 tion program for women, infants, and chil-
 9 dren established under section 17 of the
 10 Child Nutrition Act of 1966 (42 U.S.C.
 11 1786); and

12 “(x) the State grant program under
 13 the Rehabilitation Act of 1973.

14 “(B) State licensed child care facilities;
 15 and

16 “(C) other community-based organizations
 17 or points of entry for individuals with autism
 18 spectrum disorder and other developmental dis-
 19 abilities to receive services.

20 “(2) LEAD AGENCY.—

21 “(A) DESIGNATION.—The governor of a
 22 State shall designate a public agency as a lead
 23 agency to coordinate the activities provided for
 24 under paragraph (1) in the State at the State
 25 level.

1 “(B) INFORMATION.—The Governor or a
2 State, acting through the lead agency under
3 subparagraph (A), shall make available to indi-
4 viduals and their family members, guardians,
5 advocates, or authorized representatives, pro-
6 viders, and other appropriate individuals in the
7 State, comprehensive culturally competent in-
8 formation about State and local resources re-
9 garding autism spectrum disorder and other de-
10 velopmental disabilities, risk factors, character-
11 istics, identification, diagnosis or rule out, avail-
12 able services and supports, and evidence-based
13 interventions. Such information shall be pro-
14 vided through—

15 “(i) toll-free telephone numbers;

16 “(ii) Internet websites;

17 “(iii) mailings; or

18 “(iv) other means as the Governor
19 may require.

20 “(C) REQUIREMENTS OF AGENCY.—In des-
21 ignating the lead agency under subparagraph
22 (A), the Governor shall—

23 “(i) select an agency that has dem-
24 onstrated experience and expertise in—

1 “(I) autism spectrum disorder
2 and other developmental disability
3 issues; and

4 “(II) developing, implementing,
5 conducting, and administering pro-
6 grams and delivering education, infor-
7 mation, and referral services (includ-
8 ing technology-based curriculum-devel-
9 opment services) to individuals with
10 developmental disabilities and their
11 family members, guardians, advocates
12 or authorized representatives, pro-
13 viders, and other appropriate individ-
14 uals locally and across the State; and

15 “(ii) consider input from individuals
16 with developmental disabilities and their
17 family members, guardians, advocates or
18 authorized representatives, providers, and
19 other appropriate individuals.

20 “(d) TOOLS.—

21 “(1) IN GENERAL.—To promote the use of valid
22 and reliable screening tools for autism spectrum dis-
23 order and other developmental disabilities, the Sec-
24 retary shall develop a curriculum for continuing edu-
25 cation to assist individuals in recognizing the need

1 for valid and reliable screening tools and the use of
2 such tools.

3 “(2) COLLECTION, STORAGE, COORDINATION,
4 AND AVAILABILITY.—The Secretary, in collaboration
5 with the Secretary of Education, shall provide for
6 the collection, storage, coordination, and public
7 availability of tools described in paragraph (1), edu-
8 cational materials and other products that are used
9 by the Federal programs referred to in subsection
10 (c)(1)(A), as well as—

11 “(A) programs authorized under the Devel-
12 opmental Disabilities Assistance and Bill of
13 Rights Act of 2000;

14 “(B) early intervention programs or inter-
15 agency coordinating council’s authorized under
16 part C of the Individuals with Disabilities Edu-
17 cation Act; and

18 “(C) children with special health care
19 needs programs authorized under title V of the
20 Social Security Act.

21 “(3) REQUIRED SHARING.—In establishing
22 mechanisms and entities under this subsection, the
23 Secretary, and the Secretary of Education, shall en-
24 sure the sharing of tools, materials, and products de-

1 veloped under this subsection among entities receiv-
2 ing funding under this section.

3 “(e) DIAGNOSIS.—

4 “(1) TRAINING.—The Secretary, in coordina-
5 tion with activities conducted under title V of the
6 Social Security Act, shall, subject to the availability
7 of appropriations, expand existing interdisciplinary
8 training opportunities or opportunities to increase
9 the number of sites able to diagnose or rule out indi-
10 viduals with autism spectrum disorder or other de-
11 velopmental disabilities and ensure that—

12 “(A) competitive grants or cooperative
13 agreements are awarded to public or non-profit
14 agencies, including institutions of higher edu-
15 cation, to expanding existing or develop new
16 maternal and child health interdisciplinary lead-
17 ership education in neurodevelopmental and re-
18 lated disabilities programs (similar to the pro-
19 grams developed under section 501(a)(2) of the
20 Social Security Act) in States that do not have
21 such a program;

22 “(B) trainees under such training
23 programs—

1 “(i) receive an appropriate balance of
 2 academic, clinical, and community opportu-
 3 nities;

4 “(ii) are culturally competent;

5 “(iii) are ethnically diverse;

6 “(iv) demonstrate a capacity to evalu-
 7 ate, diagnose or rule out, develop, and pro-
 8 vide evidence-based interventions to indi-
 9 viduals with autism spectrum disorder and
 10 other developmental disabilities; and

11 “(v) demonstrate an ability to use a
 12 family-centered approach; and

13 “(C) program sites provide culturally com-
 14 petent services.

15 “(2) TECHNICAL ASSISTANCE.—The Secretary
 16 may award one or more grants under this section to
 17 provide technical assistance to the network of inter-
 18 disciplinary training programs.

19 “(3) BEST PRACTICES.—The Secretary shall
 20 promote research into additional valid and reliable
 21 tools for shortening the time required to confirm or
 22 rule out a diagnosis of autism spectrum disorder or
 23 other developmental disabilities and detecting indi-
 24 viduals with autism spectrum disorder or other de-
 25 velopmental disabilities at an earlier age.

1 “(f) INTERVENTION.—The Secretary shall promote
2 research, through grants or contracts, to determine the
3 evidence-based practices for interventions for individuals
4 with autism spectrum disorder or other developmental dis-
5 abilities, develop guidelines for those interventions, and
6 disseminate information related to such research and
7 guidelines.

8 “(g) AUTHORIZATION OF APPROPRIATIONS.—To
9 carry out this section, there is authorized to be appro-
10 priated, \$32,000,000 for fiscal year 2007, \$37,000,000
11 for fiscal year 2008, \$42,000,000 for fiscal year 2009,
12 \$47,000,000 for fiscal year 2010, and \$52,000,000 for fis-
13 cal year 2011, of which—

14 “(1) \$5,000,000 shall be made available in each
15 fiscal year for activities described in subsection (c);
16 and

17 “(2) \$3,000,000 shall be made available in fis-
18 cal year 2007, \$6,000,000 in fiscal year 2008,
19 \$9,000,000 in fiscal year 2009, \$12,000,000 in fis-
20 cal year 2010, and \$15,000,000 in fiscal year 2011,
21 for activities described in subsection (f).

22 “(h) SUNSET.—This section shall not apply after
23 September 30, 2011.

1 **“SEC. 399CC. INTERAGENCY AUTISM COORDINATING COM-**
 2 **MITTEE.**

3 “(a) ESTABLISHMENT.—The Secretary shall estab-
 4 lish a committee, to be known as the ‘Interagency Autism
 5 Coordinating Committee’ (in this section referred to as the
 6 ‘Committee’), to coordinate all efforts within the Depart-
 7 ment of Health and Human Services concerning autism
 8 spectrum disorder.

9 “(b) RESPONSIBILITIES.—In carrying out its duties
 10 under this section, the Committee shall—

11 “(1) make recommendations concerning the
 12 strategic plan described in section 409C(a);

13 “(2) develop and annually update advances in
 14 autism spectrum disorder research related to causes,
 15 early screening, diagnosis or rule out, intervention,
 16 and access to services and supports for individuals
 17 with autism spectrum disorder; and

18 “(3) make recommendations to the Secretary
 19 regarding the public participation in decisions relat-
 20 ing to autism spectrum disorder.

21 “(c) MEMBERSHIP.—

22 “(1) IN GENERAL.—The Committee shall be
 23 composed of—

24 “(A) the Director of the Centers for Dis-
 25 ease Control and Prevention;

1 “(B) the Director of the National Insti-
 2 tutes of Health, and the Directors of such na-
 3 tional research institutes of the National Insti-
 4 tutes of Health as the Secretary determines ap-
 5 propriate;

6 “(C) the heads of such other agencies as
 7 the Secretary determines appropriate;

8 “(D) representatives of other Federal Gov-
 9 ernmental agencies that serve individuals with
 10 autism spectrum disorder such as the Depart-
 11 ment of Education; and

12 “(E) the additional members appointed
 13 under paragraph (2).

14 “(2) ADDITIONAL MEMBERS.—Not fewer than
 15 6 members of the Committee, or 1/3 of the total
 16 membership of the Committee, whichever is greater,
 17 shall be composed of non-federal public members to
 18 be appointed by the Secretary, of which—

19 “(A) at least one such member shall be an
 20 individual with a diagnosis of autism spectrum
 21 disorder;

22 “(B) at least one such member shall be a
 23 parent or legal guardian of an individual with
 24 an autism spectrum disorder; and

1 “(C) at least one such member shall be a
2 representative of leading research, advocacy,
3 and service organizations for individuals with
4 autism spectrum disorder.

5 “(d) ADMINISTRATIVE SUPPORT; TERMS OF SERV-
6 ICE; OTHER PROVISIONS.—The following provisions shall
7 apply with respect to the Committee:

8 “(1) The Committee shall receive necessary and
9 appropriate administrative support from the Sec-
10 retary.

11 “(2) Members of the Committee appointed
12 under subsection (c)(2) shall serve for a term of 4
13 years, and may be reappointed for one or more addi-
14 tional 4 year term. Any member appointed to fill a
15 vacancy for an unexpired term shall be appointed for
16 the remainder of such term. A member may serve
17 after the expiration of the member’s term until a
18 successor has taken office.

19 “(3) The Committee shall meet at the call of
20 the chairperson or upon the request of the Sec-
21 retary. The Committee shall meet not fewer than 2
22 times each year.

23 “(4) All meetings of the Committee shall be
24 public and shall include appropriate time periods for
25 questions and presentations by the public.

1 “(e) COMPENSATION AND EXPENSES.—Members of
2 the Committee who are officers or employees of the Fed-
3 eral Government shall serve as members of the Committee
4 without compensation in addition to that received in their
5 regular government employment. Other members of the
6 Committee shall receive compensation at rates not to ex-
7 ceed the daily equivalent of the annual rate in effect for
8 grade GS-18 of the General Schedule for each day (in-
9 cluding travel time) they are engaged in the performance
10 of their duties as members of the Committee.

11 “(f) SUBCOMMITTEES; ESTABLISHMENT AND MEM-
12 BERSHIP.—In carrying out its functions, the Committee
13 may establish subcommittees and convene workshops and
14 conferences. Such subcommittees shall be composed of
15 Committee members and may hold such meetings as are
16 necessary to enable the subcommittees to carry out their
17 duties.

18 “(g) AUTHORIZATION OF APPROPRIATIONS.—To
19 carry out this section, there is authorized to be appro-
20 priated, such sums as may be necessary for each of fiscal
21 years 2007 through 2011.

22 “(h) SUNSET.—This section shall not apply after
23 September 30, 2011 and the Committee shall be termi-
24 nated on such date.

1 **“SEC. 399DD. REPORT TO CONGRESS.**

2 “(a) IN GENERAL.—Not later than 4 years after the
3 date of enactment of the Combating Autism Act of 2006,
4 the Secretary, in coordination with the Secretary of Edu-
5 cation, shall prepare and submit to the Health, Education,
6 Labor, and Pensions Committee of the Senate and the En-
7 ergy and Commerce Committee of the House of Rep-
8 resentatives a progress report on activities related to au-
9 tism spectrum disorder and other developmental disabil-
10 ities.

11 “(b) CONTENTS.—The report submitted under sub-
12 section (a) shall contain—

13 “(1) a description of the progress made in im-
14 plementing the provisions of the Combating Autism
15 Act of 2006;

16 “(2) a description of the amounts expended on
17 the implementation of the particular provisions of
18 Combating Autism Act of 2006;

19 “(3) information on the incidence of autism
20 spectrum disorder and trend data of such incidence
21 since the date of enactment of the Combating Au-
22 tism Act of 2006;

23 “(4) information on the average age of diag-
24 nosis for children with autism spectrum disorder and
25 other disabilities, including how that age may have

1 changed over the 4-year period beginning on the
2 date of enactment of this Act;

3 “(5) information on the average age for inter-
4 vention for individuals diagnosed with autism spec-
5 trum disorder and other developmental disabilities,
6 including how that age may have changed over the
7 4-year period beginning on the date of enactment of
8 this Act;

9 “(6) information on the average time between
10 initial screening and then diagnosis or rule out for
11 individuals with autism spectrum disorder or other
12 developmental disabilities, as well as information on
13 the average time between diagnosis and evidence-
14 based intervention for individuals with autism spec-
15 trum disorder or other developmental disabilities;

16 “(7) information on the effectiveness and out-
17 comes of interventions for individuals diagnosed with
18 autism spectrum disorder, including by various
19 subtypes, and other developmental disabilities and
20 how the age of the child may affect such effective-
21 ness;

22 “(8) information on the effectiveness and out-
23 comes of innovative and newly developed intervention
24 strategies for individuals with autism spectrum dis-
25 order or other developmental disabilities; and

1 “(9) information on services and supports pro-
 2 vided to individuals with autism spectrum disorder
 3 and other developmental disabilities who have
 4 reached the age of majority (as defined for purposes
 5 of section 615(m) of the Individuals with Disabilities
 6 Education Act (20 U.S.C. 1415(m)).”.

7 (b) REPEALS.—The following sections of the Chil-
 8 dren’s Health Act of 2000 (Public Law 106–310) are re-
 9 pealed:

10 (1) Section 101 (42 U.S.C. 247b–4a) relating
 11 to research activities at the National Institutes of
 12 Health.

13 (2) Section 102 (42 U.S.C. 247b–4b) relating
 14 to the Developmental Disabilities Surveillance and
 15 Research Program.

16 (3) Section 103 (42 U.S.C. 247b–4c) relating
 17 to information and education.

18 (4) Section 104 (42 U.S.C. 247b–4d) relating
 19 to the Inter-Agency Autism Coordinating Com-
 20 mittee.

1 (5) Section 105 (42 U.S.C. 247b–4e) relating
2 to reports.

Passed the Senate August 3, 2006.

Attest:

Secretary.

109TH CONGRESS
2D SESSION

S. 843

AN ACT

To amend the Public Health Service Act to combat autism through research, screening, intervention and education.